

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N06323

1. Entity Name

COASTAL LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3300 N OCEAN DR
APT 2C
HOLLYWOOD FL 33019

Mailing Address

3300 N OCEAN DR
APT 2C
HOLLYWOOD FL 33019



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2289287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, WILLIAM J
3300 N OCEAN DR 2C
HOLLYWOOD FL 33019

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William J Thompson

William J Thompson

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature must be witnessed by another person)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	☐ Delete
NAME	BOUFFARD, MAURICE	
STREET ADDRESS	3300 N OCEAN DR 3D	
CITY- ST- ZIP	HOLLYWOOD FL 33019	
TITLE	PD	☐ Delete
NAME	THOMPSON, WILLIAM J	
STREET ADDRESS	3300 N. OCEAN DR #2C	
CITY- ST- ZIP	HOLLYWOOD FL 33019	
TITLE	T	☐ Delete
NAME	ROCHEZ, JODY	
STREET ADDRESS	3300 N. OCEAN DR #2A	
CITY- ST- ZIP	HOLLYWOOD FL 33019	
TITLE	S	☐ Delete
NAME	MUMPOWER, JOSEPH	
STREET ADDRESS	3300 N OCEAN DR # 3F	
CITY- ST- ZIP	HOLLYWOOD FL 33019	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
NAME	U000000842863	
STREET ADDRESS	03/11/08-80046-019 61.25	
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William J. Thompson* *William J. Thompson*

AS4-925-5021